

## In brief

**Berlin "Ebola" patient dies of yellow fever:** A 39 year old man died in the Berlin Charite Virchow Hospital of yellow fever. Initially, it was feared that he had been infected with the Ebola virus. According to the Robert Koch Institute in Berlin, this is the first case of yellow fever in Germany since 1946.

**Toddler TV ban urged by American doctors:** Children under the age of 2 should not watch television, and older children should not have television sets or computers in their bedrooms, the American Academy of Pediatrics has concluded after a two year study. Babies and toddlers needed "direct interactions with parents and other significant care givers" for the development of appropriate social, emotional, and cognitive skills, the association said in the journal *Pediatrics* (1999;104:341-3).

**Doctors warned over internet dealings:** GPs should get permission from patients before communicating with them via email and should ensure that information exchanged between them remains confidential, the United Kingdom's Medical Defence Union advised last week. The union's website ([www.the-mdu.com](http://www.the-mdu.com)) has more details.

**Counting the cost of US gun violence:** Gunshot wounds cost the United States about \$2.3bn (£1.4bn) a year in medical costs, and almost half that sum is paid out of taxpayers' money, according to a new study of gun violence (*JAMA* 1999;282:447-54). Researchers calculated the costs that hospitals incurred in treating almost 135 000 gunshot injuries reported during 1994.

**Germany urged to give greater priority to clinical science:** The standard of clinical research and patient care in Germany is threatened unless university hospitals give greater priority to clinical science in the future. This warning came in a recent report (*The Future Organisation and Funding of Academic Medicine*) from the German Science Council, an expert institution that gives independent advice to the government on science policy.

## Influenza drug to undergo "fast track" assessment by NICE

Judy Jones *BMJ*

The influenza drug zanamivir (Relenza) will undergo "fast track" appraisal by the new National Institute for Clinical Excellence (NICE), which will recommend which treatments should be available on the NHS in England and Wales. Zanamivir is said to moderate the symptoms of flu and shorten bouts of the illness.

Professor Sir Michael Rawlins, the institute's chairman, said last week that he hopes to publish recommendations on the use of the drug this autumn. Thereafter, the first tranche of treatments scheduled for evaluation includes the taxane drugs for ovarian and breast cancer, hip replacements, asthma inhalers for children, interferon beta for multiple sclerosis, and routine wisdom tooth extraction. NICE will also issue guidelines for doctors and patients showing best practice "pathways of care" in the management of back pain, pressure sores, and schizophrenia.

The UK government estab-

lished NICE as a special health authority earlier this year with a remit to provide the most authoritative advice to ministers and the NHS on the clinical effectiveness of drugs and other treatments used. The intention is to make decision making by doctors and health authorities more evidence based. Frank Dobson, the secretary of state for health, wants to end the so called "postcode lottery," which denies many patients certain treatments simply because of where they live. "By identifying which new developments most improve patient care, NICE will help spread good practice and new treatments quickly across the NHS," he said. "It will help protect patients from outdated and inefficient treatment and ensure that the NHS gets the best possible value for money."

Professor Rawlins pointed out that there were currently around 60 types of hip prostheses on the market, priced from £200 to £2000 apiece. There was a clear



Professor Sir Michael Rawlins: chairman of NICE

need for independent and systematic evaluation of these and many other treatments to replace "the old ad hoc arrangements," he said. Vivienne Nathanson, the BMA's head of science, ethics, and health policy, commented that there may be occasions when NICE guidelines would not be appropriate for particular patients. "We will be advising doctors to record their treatment decisions in the patient's notes to show that they have considered the guidelines," she said.

Further details can be found on NICE's website ([www.nice.org.uk](http://www.nice.org.uk)). □

## Nuns to run first heroin injecting room

Christopher Zinn *Sydney*

Nuns who run one of Australia's best known hospitals are to operate the country's first legal and medically supervised heroin injecting room after a radical overhaul of the drug laws in New South Wales. The 18 month trial will be administered by the Sisters of Charity, who also run Sydney's inner city St Vincent's Hospital.

An estimated 50 000 visits a year by drug users are expected at the centre, which will be staffed by a medical supervisor, a registered nurse, and security staff. The controversial plan will include the provision of clean needles and syringes; users must supply their own drugs. They will be encouraged to seek counselling and treatment for their habit. Dr Tina Clifton, the chief

executive of the Sisters of Charity Health Service, said that, although she was in "uncharted waters," the scheme supports the sisters' commitment to the preservation of life by moving drug taking from the streets and into a safe environment.

"We've done a lot of work in trying to establish our position; we've reflected on our code of ethics and our traditional Catholic moral teachings," she said. The room will also have a coffee bar, subsidised cafeteria, and perhaps even showers and clean clothes for those in desperate need, said Dr Alex Wodak, who heads St Vincent's Hospital's drug and alcohol programme. Dr Wodak, who has studied injecting rooms in the United States and Europe, said that the security guards were necessary to maintain order and stop drug dealers entering the premises, which will be open for seven hours a day, seven days a week in the Kings Cross red light district.

The New South Wales state government's decision to go ahead was welcomed by many in

the medical field. Leading immunologist Professor Ron Penny called it one of the most outstanding advances in public health in the drugs debate for 20 years. He said that it would not just help to control the spread of HIV in injecting drug users:

"The overall community will reap enormous rewards from, on one hand, preventing drug use, and, on the other, providing a socially just approach that gives more care and treatment, more attention and rehabilitation to drug users inside and outside jail." The state premier, Bob Carr, has also announced that a caution instead of a penalty system would apply for those caught with small amounts of heroin, cocaine, cannabis, amphetamines, and ecstasy in a raft of changes that flowed from a drugs summit held last May. But the leader of the New South Wales opposition, Mrs Kerry Chikarovski, was strongly opposed to the trial. "I am still concerned about the message sent to children that injecting drugs can be seen as safe." □